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| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000   |  |   |                   |                       |                                 |                  |        |                   |                        |          |                               |                        |
|--|--|---|-------------------|-----------------------|---------------------------------|------------------|--------|-------------------|------------------------|----------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                   |                       |                                 |                  |        | SMALL ENTITY TYPE |                        | OR       | OTHER THAN<br>OR SMALL ENTITY |                        |
| TO   | TAL CLAIMS                                     |   | 23                |                       |                                 |                  | RAT    |                   | FEE                    |          | RATE                          | FEE                    |
| FOI  | 3  |   | NUMBER FILED      |                       | NUMBER EXTRA                    |                  |        | BASIC FE          | E 355.00               | OR       | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 23 minus 20=      |                       | · 3                             |                  |        | X\$ 9=            |                        | OR       | X\$18=                        | 54                     |
| IND  | EPENDENT CL                                    | AIMS                                      | 5 minus 3 =       |                       | . 0                             |                  |        | X40=              |                        | OR       | X80=                          | 160                    |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PF                             | RESENT            |                       |                                 |                  |        | +135=             | 1                      |          | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                   |                       |                                 |                  |        | TOTAL             |                        | OR<br>OR | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                   |                       |                                 |                  |        |                   |                        | UH       | OTHER                         | THAN                   |
| (Column 1) (Column 2) (Column 3)   |  |   |                   |                       |                                 |                  |        |                   | ENTITY                 | OR       | SMALL                         |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO | BER                             | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Totai  | .12                                       | Minus             | ** €                  | 23                              | =                |        | X\$ 9=            |                        | OR       | X\$18=                        |                        |
|  | Independent                                    | . 4                                       | Minus             | •••                   | 5                               | =                |        | X40=              |                        | OR       | X80=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                       |                                 |                  | +135=  |                   | OR                     | +270=    |                               |                        |
| ·  |  |   |                   |                       |                                 |                  |        | TOTA<br>ADDIT. FE | <u> </u>               | OR       | TOTAL<br>ADDIT. FEE           |                        |
|  |  | (Column 1)                                |                   | (Colu                 | mn 2)                           | (Column 3        |        | AUUII. FE         | = <del> </del>         | U        |                               |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus             | **                    |                                 | =                |        | X\$ 9=            |                        | OR       | X\$18=                        |                        |
|  | Independent                                    | •   | Minus             | ***                   |                                 | <u> </u>         | _      | X40=              |                        | OR       | X80=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                       |                                 |                  | J      | +135=             |                        | OR       | +270=                         |                        |
|  |  |   |                   |                       |                                 |                  |        | TOTA<br>ADDIT. FE | L<br>F                 | OR       | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                   |                       |                                 |                  |        |                   |                        |          |                               |                        |
| AMENDMENT C  | O res  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREV           | HEST<br>MBER<br>IOUSLY<br>O FOR | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • WAIEIADIAIEIAI                          | Minus             | ••                    |                                 | =                | 1      | X\$ 9=            |                        | OR       | X\$18=                        |                        |
|  | Independent                                    | •   | Minus             | •••                   |                                 | =                | 1      | X40=              | -                      | 1        | You                           |                        |
| Z  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                       |                                 |                  |        |                   | -                      | OR       |                               | <del> </del>           |
|  |  |   |                   |                       |                                 |                  |        | +135=             |                        | OR       | TOTAL                         | <u> </u>               |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                   |                       |                                 |                  |        |                   |                        | OR       | ADDIT. FEE                    |                        |
| <b>l</b> "   | The "Highest Nu                                | umber Previously Pa<br>mber Previously Pa | aid For" (Total o | r Indepen             | dent) is th                     | e highest num    | ber fo | ound in the       | appropriate be         | ox in c  | olumn 1.                      |                        |

Application or Docket Number